

State Peace Officers' & Firefighters' (POFF) Defined Contribution Plan

California Public Employees' Retirement System 1-888-777-1349

CitiStreet State POFF Plan P. O. Box 2647 Lewiston, ME 04241

## CHANGE OF ADDRESS REQUEST (For Retired or Inactive Employees Only)

Check the app	olicable box be	<u>low:</u>				
State of C				Bargaining	<u>Unit 6, but still e</u>	employed by the
manage/supe		ng Unit 6 en	nployees, yo	u must subm		Init 6, or you ges on an Employee
I have moved.	My <u>new</u> addr	ess is:				
	Street Address	}				
	City		State	Zip		
My previous a	ddress was:					
	Street Address	}				
	City		State	Zip		
Name (Please	print):					
Signed:						
Social Security	Number:					
Employer:						
Date:						

Send completed form to the address shown above.